



**STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING**

121 S FRUIT ST

CONCORD NH 03301

Nursing: 603-271-2323; **Nurse Asst.** 603-271-6282

Fax: 603 271-6605

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Declaration of Primary State of Residence

Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where you vote, pay taxes, hold a driver's license, etc.* In order for New Hampshire to issue or reactivate your permanent license you cannot hold an active license in another compact state. **PLEASE PROVIDE A CLEAN, LEGIBLE COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.**

For more information on nurse licensure compact, visit our website or visit www.ncsbn.org.

Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.

Applicant Information:

Name (please print): _____

Date of Birth: ____/____/____ Phone Number: (____) ____ - _____

Social Security#: XXX-XX - _____

Please check appropriate categories below:

____ RN ____ LPN ____ APRN

____ Exam ____ Endorsement ____ Reinstatement (NH Nursing License # _____)

Check one of the following:

____ My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)

____ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

____ I am declaring another compact state as my primary state of residence. **NOTE: When permanently relocating to New Hampshire, apply for licensure by endorsement. You can practice on your former license for a period of up to 90 days. The 90 day period starts when you become a resident in New Hampshire.**

____ I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Current primary/home address:

Address: _____ City: _____

State: _____ Zip Code: _____

Signature _____

Date _____

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3)